D. CONTROL HOUSE	Internal Revenue Service	waned to the	OMB NO. 1545 - 0008	T. PROLO, IPS, OTHER COMPERSA	27432.96	2347.97
B. EMPLOYER IDENTIFICATION N 43-1196944		496-97	SOCIAL SECURITY NUMBER -1222	3. SOCIAL SECURITY WAGES	28734.56	4. SOCIAL SECURITY TAX WITHHELD 1781.54
CERNER CORP 2800 ROCKCR				5. MEDICARE VAGES AND TIPS  7. SOCIAL SECURITY TIPS	28734.56	6. MEDICARE TAX WITHHELD 416.65
KANSAS CITY	, MO 64117			9.		10. DEPENDENT CARE BENEFITS
	ID INITIAL LAST!		SUFF	IEI SANDEN		
DANIYAL R S	SHAIK	NAME	SUFF			12 a-d See instructions for box 12 D 1746.55 C 17.29
420 GUNSMOR					70.00	DD 3.64
F. EMPLOYEE'S ADDRESS AND 2	710 0005			DDI	444.95	13. Statutory Retirement X Third-Party Employee Plan Sick Pay
15. STATE EMPLOYER'S		STATE WAGES, TIPS, E	TC. 17. STATE INCOME TAX	18. LOCAL WAGES, TIPS, ETC	19. LOCAL INCOME 1	ZO. LOCALITY NAME
Copy 2 To be filed with 8	Employee's STATE, CIT	Y or LOCAL tax	return 202	77		Dept. of the Treasury - Internal Revenue Service
ORM W-2 Wage	and Tax Sta	tement	LUL		FOLD AND 1	TEAR ALONG PERFORATION
D. CONTROL NUMBER	This information is being fu	rnished to the	OMB NO. 1545 - 0008	1. WAGES, TIPS, OTHER COMPENSATION	27432.96	2. FEDERAL INCOME TAX WITHHELD 2347.97
B. EMPLOYER IDENTIFICATION	N NUMBER (EIN)	A EMPLOYEE'S	SOCIAL SECURITY NUMBER -1222	3. SOCIAL SECURITY WAGES	28734.56	4. SOCIAL SECURITY TAX WITHHELD 1781.54
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE CERNER CORPORATION				5. MEDICARE WAGES AND TIPS	28734.56	6. MEDICARE TAX WITHHELD 416.65
2800 ROCKCE KANSAS CITY	REEK PARKWAY			7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS
				9.		10. DEPENDENT CARE BENEFITS
E DARLOYEES FRET NAME AND NITAL LAST NAME BUFF. DANTYAL R SHAIK 420 GUNSMOKE TRAIL PRINCETON, TX 75407				11. NONQUALIFIED PLANS		12 a-d See instructions for box 12 D 1746.55
				14. OTHER 1STHND	70.00	C 17.29 DD 3.64
				DDI	444.95	13. Statutory Retirement X Third-Party Employee Plan Sick Pay
EMPLOYEE'S ADDRESS AND Z		TATE WAGES, TIPS, ET	C. 17. STATE INCOME TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME T	
ony 2 To be filed with Fr	mployee's STATE, CITY	or LOCAL tax r	eturn 202	7		Dept. of the Treasury - Internal Revenue Servi
	and Tax State		EUE		FOLD AND	TEAR ALONG PERFORATION
CONTROL NUMBER	This information is being furni	shed to the	OMB NO. 1545 - 0008	1. WAGES, TIPS, OTHER COMPENSATION	ON OTHER	2 FEDERAL INCOME TAX WITHHELD
EMPLOYER IDENTIFICATION N	Internal Revenue Service	A. EMPLOYEE'S S	OCIAL SECURITY NUMBER	3. SOCIAL SECURITY WAGES	27432.96	4. SOCIAL SECURITY TAX WITHHELD
43-1196944 496-97-1222 - EMPLOYER'S NAME, ADDRESS, AND ZIP CODE				5. MEDICARE WAGES AND TIPS	28734.56	a. MEDICARE TAX WITHHELD
CERNER CORPO 2800 ROCKCRE	EEK PARKWAY			7. SOCIAL SECURITY TIPS	28734.56	8. ALLOCATED TIPS
KANSAS CITY, MO 64117				9.		10. DEPENDENT CARE BENEFITS
EMPLOYEE'S FIRST NAME AND	INITIAL LAST NA		SUFF.	11. NONQUALIFIED PLANS		12. a-d See instructions for box 12
DANIYAL R SH 420 GUNSMOKE	HAIK	ME	SUFF.	14. OTHER		D 1746.55 C 17.29
PRINCETON, TX 75407				1STHND 70.00 DDI 444.95		DD 3.64
						13. Statutory Retirement Third-Party Employee Plan Sick Pay
STATE EMPLOYER'S STA	TE I.D. NO. 16. STA	TE WAGES, TIPS, ETC.	17. STATE INCOME TAX	18. LOCAL WAGES, TIPS, ETC.	19, LOCAL INCOME TA	AX 20. LOCALITY NAME
by B To be filed with E	Employee's FEDERAL to	ax return	2022			Dept. of the Treasury - Internal Revenue Service
RM W-2 Wage	and lax State	ment	LULL			
					FOLD AND T	EAR ALONG PERFORATION
			Visit www.irs.gov/e	efile for e-file details.		© CERIDIAN
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